U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

,	01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name PATRICK L. SINK	Name IUOE LOCAL 18
	Labor Organization File Number 039040
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3515 PROSPECT Ave.	Street 3515 PROSPECT Ave.
city Cleveland	City Cleveland
State OHTO ZIP Code + 4 44115	State OHIO ZIP Code +4 44115
5. Position in labor organization. Business Manager	
Enter appropriate data below If, during the past fiscal year, you or your spor	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	Perjury and other applicable penalties of the law, that all of the information
	·
Signed	On <u>Agg. 01, 05</u> 216-901-9197 216-432-3138 Date Telephone Number
Form LM-30 (2003)	resolutione adminer

Name of Person Filing PATRICIC L. SINIC	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	9. Business deals with: a. Labor Organization b. Trust c. Employer
Trade Name, if any: Applentics hip & TRAINING Fund P.O. Box, Bldg., Room No., if any Street 1184 Dublin Rd. City Columbus State OHTO Street 2IP Code + 4 43215	11.a. Nature of such dealing. Re-im byesenant for costs associated with training & Satety Contenue (April 04) (SEE ATTACKED RCTS & Explanation) 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 2 Howey Baked Ham Gift Certificate Holiday Greeting (Dec. 04) Gift
	12.b. Amount. 75 -
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name MARK PAMS & Blum enstell, Hubs, Admis, UC Trade Name, if any: (LAW offices) P.O. Box, Bldg., Room No., if any	r parts A and B above) or other thing of value. 14.a. Nature of payment. Holiday Greetings, Gift Certificate Honey Baked Ham Co.
Street Z(Q1 W. Johnstown Road City Columbus State OH-TD ZIP Code + 4 43230 13.b. Is the Business an Employer or Consultant ? Form LM-30 (2003)	14.b. Amount of payment.

CASH FLOW OF THE DEPOSITS OF ALL MISCELLANEOUS CHECKS

DEPOSIT TO:		DATE:	5/19/04	
OHIO OPERATING ENGINEERS HEALTH & WELFARE PLAN ACCT #9801012801	CR MISC INCOME		CR OTHER	
OHIO OPERATING ENGINEERS PENSION FUND ACCT #9801014100	CR MISC INCOME		CR OTHER	
OHIO OPERATING ENGINEERS APPRENTICESHIP FUND ACCT #981532578	CR MISC INCOME	X	CR OTHER	
OHIO OPERATING ENGINEERS EDUCATION & SAFETY FUND ACCT #981533052	CR MISC INCOME		CR OTHER	
DEPOSIT TO: OTHER VARIOUS ACCOUNTS VARIOUS ACCT #	CR MISC INCOME		CR OTHER	
DESCRIPTION OF ACCOUNT BEING CREDITED: #A-5061-7	#9600 - Expense rei	mburseme	nt	
PATRICK L SINK 4098 MAPLE HILL DR SEVEN HILLS, OH 44131-5903 PAY TO THE O, Ofusty Engines Trans Corder Of O, Ofusty Engines Trans Eight Lubeltusety—two and 5% US bank Eight Lubeltusety—two and 5% US bank. Eight Lubeltusety—two and 5% Sandreyo Train, Conf. FOR BAI- fun Advance	MAJO5,200	# DATE J \$ 82 - DOLLA	RS 1 Security Parameter Pa	
":0412025B21			NP NP	

HARLAND 2001

TRUSTEE EXPENSE VOUCHER

THIS VOUCHER IS FOR:

Ohio Operating Engueers Trativing & Affrestished June

EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT
(Location) (Date(s))
EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT SAN Diego, CA. (Location)
ON 4-18) 4.22 SPONSORED BY THOE SATTLE TRANSPORT (Meeting Sponsor)
OTHER:
(Describe Reason for Incurring Expenses)
TRANSPORTATION:
DATE OF DEPARTURE 04-17-04 DATE OF RETURN 04-22-04
PRIVATE AUTOMOBILE MILES AT & PER MILE
AIRFARE TRAIN BUS (ATTACH COPY OF TICKET)
HOTEL OR MOTEL: S 213 98 45 00 HOTEL OR MOTEL:
HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL)
MEETING REGISTRATION FEE:
THEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT)
DAILY EXPENSES:
ADAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER)
TOTAL EXPENSES \$
SETTLEMENT 0. 17 43
TOTAL EXPENSES WHICH I INCURRED
LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY)
EQUALS 57
REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED
OR
AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT
HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.
THEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE. DATED THIS 5 DAY OF MAY 19200 4 (Signature of Trustee) Post ick 5 in k (Address and City) NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. It transportation charges, hotel deposits, registration fees or any other item has been paid directly by the
(Signature of Trustee) Patrick Sink (Address and City)
included on any of the attached bills or receipts, you should note the receiptery edjustments of the first process of the attached bills or receipts, you should note the receiptery edjustments of the bill or receipt. For example: If the hotel or most bill contains a charge for a double room because of excupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that pay the balance is being charged to the furst fund. Meats should not be receipted to the furst fund of the subtraction of the first pay and the subtraction are included on hotel or motel bills. If any expense item requires an explanation, mark the item with an excertal and write the explanation on the reverse side of this voucher. Reimbursament of expenses claimed on this voucher is subject than expense policy of limitation which may have been adopted by the Board of Trustees.
SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

DATE: 4-17-04	-	DATE: 4-18-04		DATE: 4-19-04	
BREAKFAST & TIP .	s _ O_	BREAKFAST & TIP	s_ <u>O</u>	BREAKFAST & TIP	s 12-
TH & TIP	s 18-	LUNCH & TIP	5 <u>20</u>	LUNCH & TIP .	s 18°
DINNER & TIP	s_ <u>O</u> _	DINNER & TIP	s <u>22</u> ~	DINNER & TIP	s 16
BEVERAGES & TIP	s_10	BEVERAGES & TIP	s 10 ~	BEVERAGES & TIP	s_O_
PORTERS - BELLMEN	s <u>5</u>	PORTERS—BELLMEN	s_5_	PORTERS-BELLMEN	\$ _5_
LIMOS-TAXIS-BUSES	S	LIMOS-TAXIS-BUSES	S	LIMOS-TAXIS-BUSES	S
(Other)	s <u>33</u>	(Other) TOTAL THIS DATE	s <u>57</u>	(Other) TOTAL THIS DATE	s s_5/
DATE: 4-20-04		DATE: 4-21-04			
BREAKFAST & TIP	s 15	BREAKFAST & TIP	s_0		
LUNCH & TIP	s_ <u>O</u>	LUNCH & TIP	s 22 -		
DINNER & TIP	s <u> </u>	DINNER & TIP	s		
BEVERAGES & TIP	$s_{\underline{5}}^{-}$	BEVERAGES & TIP	s	IF MORE THAN	-
PORTERS — BELLMEN	s s	PORTERS-BELLMEN	s	FIVE DAYS, ATTACH	
LIMOS-TAXIS-BUSES	\$	LIMOS-TAXIS-BUSES	S	AN ADDITIONAL	
(Other)	s <u>20</u>	(Other) TOTAL THIS DATE	ss	VOUCHER SHEET	
TOTAL OF ALL DAILY EXPEN (Transfer amount to from		-			
EXPLANATIONS (IF NEEDED)i:		, , , , , , , , , , , , ,	••••••	
		* * *			

A considerable number of funds have inquired to the International Foundation headquarters for some guidance, some "ground rules," in regard to reimbursing trustees and administrators for out-of-pocket expenses directly related to attendance at conferences, seminars, etc. As your educational arm we cannot and will not set "ground rules," We will however provide many educational opportunities for you to determine on your own what is "reasonable and prudent" for your particular trust.

All jointly administered fringe benefit funds are trust funds which, under the language of most trust agreements and general principles of trust law as well as ERISA, can be used only for the benefit programs and for reasonable expenses in connection with the administration of such programs.

The size and objectives of the funds, the pressure of ample reserves and the expenses ratio are among the variable factors which make it practically impossible to suggest hard and fast rules which should be applied in every instance. For example, a small fund with a large board of trustees does not prudently send all trustees to every educational meeting. However, a larger, wall-funded trust, with a small board of trustees, may be able to send all trustees to one or more of our educational functions. Each trustee should itemize his expenses to qualify for reimburgement, and may wish to make a written report of the sessions he attended at educational meetings when he returns, for the record and/or for the benefit of other individuals who did not attend the meeting.

Member trust funds should bear these factors in mind when they make provisions for expenses for their delegates who attend the educational conferences and other meetings. Overriding is the fact that most monies are at issue, and that trustees are legally responsible to see that all expenses are justifiable, reasonable and prudent.

'e are confident that each trustee will keep these thoughts in mind when contemplating policy for his particular trust,

Name & Address

SINK, PATRICK
" ~ LOCAL UNION 18

CLEVELAND, OH 44115 US Hilton San Diego Resort

1775 East Mission Bay Drive • San Diego, CA 92109 Phone (619) 276-4010 • Fax (619) 275-8944 Reservations

www.sandiegoresort.hilton.com or 1 800 HILTONS

Room Arrival Date 671/K1RV 04/17/04 12:49PM

Departure Date 04/22/04

Adult/Child Room Rate 2/0 189.00

RATE PLAN

C-TRP

HH#

AL: BONUS AL:

CAR:

04/22/04

PAGE

Confirmation Number: 3181856255

1

	DATE	DESCRIPTION	ID	REF, NO	CHARGES		BALANCE
	04/17/04	*BAYSIDE TERRACE GRILLE	LINTR	484812	\$23.93		J. 13.11.02
	04/17/04	SELF PARKING	RILA	485505	,		·
	04/17/04	GUEST ROOM	RILA	485506	\$189.00		250 346
	04/17/04	CITY OCCUPANCY TAX	RILA	485506	\$19.85	\	26.34
	04/17/04	CTMA ASSESMENT	RILA	485506	\$0.09		× A
	04/18/04	SELF PARKING	CDED	486729	\$10.00		/ · ·
	04/18/04	GUEST ROOM	CDED	486730	\$189.00		
	04/18/04	CITY OCCUPANCY TAX	CDED	486730	\$19.85	1 +1 -	11044.70
	04/18/04	CTMA ASSESMENT	CDED	486730	\$0.09		
	04/19/04	*BAYSIDE TERRACE GRILLE	LINTR	487061	\$8.47 -	- 6085	50.601
	04/19/04	SELF PARKING	CDED	487795	\$10.00 ~		
	04/19/04	GUEST ROOM	CDED	487796	\$189.00		
	04/19/04	CITY OCCUPANCY TAX	CDED	487796	\$19.85	, M D	1,074.70
	04/19/04	CTMA ASSESMENT	CDED	487796	\$0.09		
1	04/20/04	*BAYSIDE TERRACE GRILLE		487954	\$17.00	t Loud	3,
	04/20/04	BUSINESS CTR - FAX	VCOS 💮	488387	\$2.00		1
	04/20/04	EXT-#671 L 235-8500 0001	LINTR	488404	\$1.25	/ P.J.	147.7
	04/20/04	18:07 SELF PARKING	00=0		*****	_	İ
	04/20/04	GUEST ROOM	CDED	488910	\$10,00		***** *
	04/20/04		CDED	488911	\$ 189.00	H4	
	04/20/04	CITY OCCUPANCY TAX	CDED	488911	\$19.85	> 11	
	04/20/04	CTMA ASSESMENT	CDED	488911	\$0.09 1	11- +4	6 Pal.
	04/21/04	*BAYSIDE TERRACE GRILLE *BAYSIDE TERRACE GRILLE	LINTR	489073	\$35.44	-BISIO UNG	pa revien
	04/21/04		LINTR	489273	\$9.58	- Beverye	
		*BAYSIDE TERRACE GRILLE		489602	\$53.18	-BFST. W JHG - Beverge -dunn with	Kroeka
		SELF PARKING	CDED	490129	\$10.00		
		GUEST ROOM	CDED	490130	\$189.00	1116	
	ž.	CITY OCCUPANCY TAX	CDED	490130	\$19.85) H5	
	04/21/04	CTMA ASSESMENT	CDED	490130	\$0.09		
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	1						

Zip-Out Check-Out®

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.

Simply call the Front Desk from your room and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your reipt. Feel free to leave your key(s) in the room.

Lease call the Front Desk if you wish to extend your stay or if you have any questions about your account.

LATE CHECK-OUT FEE INFORMATION:

Check Out between 12:00 noon and 3:00 pm will result in a \$75.00 fee Check Out between 3:00 pm and 6:00 pm will result in a \$125.00 fee Late check out is based upon availability.

DATE OF CHARGE	FOLIO NO./CHECK NO. 81885 A
AUTHORIZATION	INITIAL
PURCHASES & SERVIC	ES
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	







Name & Address

San Diego Resort

1775 East Mission Bay Drive • San Diego, CA 92109 Phone (619) 276-4010 • Fax (619) 275-8944 Reservations

www.sandiegoresort.hilton.com or 1 800 HILTONS

SINK, PATRICK **LOCAL UNION 18**

CLEVELAND, OH 44115 US

Room Arrival Date 671/K1RV 04/17/04 12:49PM

Departure Date 04/22/04

Adult/Child Room Rate 189.00

RATE PLAN

C-TRP

HH#

AL: **BONUS AL:**

CAR:

Confirmation Number: 3181856255

04/22/04

PAGE

2

DATE DESCRIPTION ID REF, NO CHARGES **CREDITS** BALANCE WILL BE SETTLED TO AX *** 1 **** 2012 \$1,245.55 EFFECTIVE BALANCE OF \$0.00

Zip-Out Check-Out®

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

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· · · · · · · · · · · · · · · · · · ·		
DATE OF CHARGE	FOLIO NO./CHECK NO. 81885 A	
AUTHORIZATION	INITIA	L
PURCHASES & SERVICES		
TAXES		
TIPS & MISC.		
TOTAL AMOUNT		







% ALAMO RENT A CAR

PO BOX 22776, FT. LAUDERDALE, FL. 33335

RESERVATIONS: 800-327-9633

CUSTOMER RELATIONS: 800-445-5664

SAN DIEGO - RETURN RECEIPT

RA#/CAR#: 110-639660-9/49181459 (S4)

RENTED: 17APR04 11:29
RETURNED: 22APR04 05:04
LENGTH: 4 DAYS 18 HOURS

MLG OUT/IN: 15,443/15,682 GAS: 1/2

CUSTOMER: PATRICK SINK

TIME 155.99 T
FUEL CHG 39.10 T
PTDISFEE 3.50 T
TAXES 15.39 *
TOT CHR 213.98
CR. CARD 213.98BALANCE .00

CR. CARD: TOTAL BILLED TO AMERICAN EXPRESS

THANK YOU FOR USING ALAMO.

SERVED BY: 34951

%

PARKING RECEIPT BROOKPARK

Ticket: 485339 4/22/

SINK,

License: CBF 8870

Stall#: BACK

ENTER ON: 4/17/4 @ 4:57 EXIT ON: 4/22/4 @ 17:11

6 Day(s) @ 11.50= 69.00
Discount 24.00
Total 45.00
Paid by: AMERICA 45.00

Contact name

Gwen Jurner

Devices

Mobile phone - voice (216-338-5882)

Time

3 hours befo Change

Send Care Alerts to others Cancel all alerts for this trip

Flight cost summary

Airfare, GWENDOLYN TURNER (Adult) Airfare, PATRICK SINK (Adult)

\$184.19 Total airfare \$99.42 \$467.80 Service fee Total flight cost \$12.00

\$479.80

239,90

\$184.19

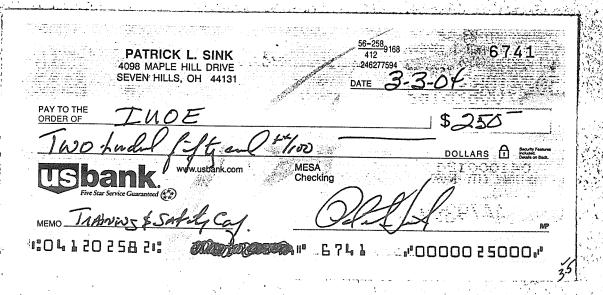
TICKET

protector: \$27.00 Protect against trip cancellations and interruptions with Access America, an Orbitz partner. Coverage is available for a non-refundable airline ticket up to \$3,000.

See terms and conditions THE VAS THE CHARLES ALL

dry Amine Toxat Endedtor

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*	•		
Name of Person Filing	PATRICK L. SinK	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a			

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name BAUM Sigman Averbach & Newman Ud.	
Trade Name, if any: ATTYS & Counsellors	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 200 WEST Adams ST. Suite 2200	C. Employer
City Chicago, IL.	
State TL. ZIP Code ÷ 4 (aDlaD6)	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	OMAHA STEAKS for Christmas Greetings
Trade Name, if any:	(11/04)
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 55
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Form LM-30 (2003)